

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

# UNITED STATES DISTRICT COURT

for the

District of \_\_\_\_\_

Division \_\_\_\_\_

George A. Kaye

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Saxony Home Owners' Association, Inc.  
Sec. Barbara Fenwick Pres. Maureen Fox  
V.P. Paul Kurtz, 12275  
Plantation, FL 334

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

FILED BY SA D.C.

JUN 26 2024

ANGELA E. NOBLE  
CLERK U.S. DIST. CT.  
S. D. OF FLA. - FT. LAUD.

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS (Non-Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name GEORGE A. KAYE  
 Address 448 SAXONY WAY N.  
DeLray Beach FL 33446-1026  
City State Zip Code  
 County Palm Beach County  
 Telephone Number 508-468-0262  
 E-Mail Address georgeakaye77@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name SAXONY HOME OWNERS ASSOCIATION  
Sec. BARBARA FENWICK  
 Job or Title (if known)  
 Address 449 SAXONY WAY N.  
DeLray Beach FL 33446-102  
City State Zip Code  
 County Palm Beach  
 Telephone Number 561-  
 E-Mail Address (if known)

☒ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name Pres MAUREEN FOX SAXONY  
 Job or Title (if known) President of a HOME OWNERS ASSOCIATION  
 Address 12270 Ste 200.  
PLANTATION FL 334  
City State Zip Code  
 County For: PALM BEACH  
 Telephone Number 561-  
 E-Mail Address (if known)

☒ Individual capacity ☒ Official capacity

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Defendant No. 3

Name

PAUL Kurtz

Job or Title (if known)

Vice President, SAXONY Homeowners Association

Address

12275  
Plantation

FL

334

Ste 200

County

For: Palm Beach

Telephone Number

561-

E-Mail Address (if known)

☒ Individual capacity☒ Official capacity

Defendant No. 4

Name

DIANE Burge

Job or Title (if known)

Property Manager, SAXONY Homeowners Association

Address

12275  
Plantation

FL

334

Ste 200.

County

For: Palm Beach

Telephone Number

561-

E-Mail Address (if known)

☒ Individual capacity☒ Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Not Allowing Federal HIPAA, Federal HUD Home Health Aides to freely come and go as 'workers'. Not residents as falsely accused.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

*Federal hippa and Federal Hud Home health Aides not Allowed freely to come and go. Falsely accused as living not working in my condo rental.*

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

*My rental condo at: 448 Saxony Way J, Delray Beach, FL. 33446-1020.*

- B. What date and approximate time did the events giving rise to your claim(s) occur?

*March 1, 2024 Approx and on going to this day, Not Allowing are lease due to false claims.*

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

*06-28-24  
My Federal Hippa and Federal Hud protected home health Aide (Workers) do not live at my rental condo as falsely Adleged accused. My April 1, 24 Lease was denied because the SAXONY Home Owners Association falsely Alleged, claimed 'HHA Workers' Live in my rental condo. wrongly denied re leasing my rental condo. Falsely Adleged and accused an emotioning dog visiting with my dog. - Only there short 30 minutes.*

#### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

To Award punitive damages for each and every false allegation, faster accusing of wrong doing. For denial of re Leasing rental cond o. For Violation my legal, civil, human rights as witnessed by 2 Sheriff's and body camera videos and audio recordings. Told I and all 'workers' could not go near any SAXONY area H.O.A, doors, could not knock on any doors, could not look at any mail or packages in SAXONY, area H.O.A area's. Many false allegations of wrong doing. Threats of \$100<sup>00</sup> daily fines on fire false allegations. Land Lord <sup>Mr</sup> Leighton Dower not allowed to re Lease to me.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

06/25/24

Signature of Plaintiff

Printed Name of Plaintiff

George A. Kaye  
George A. Kaye, c 508-468-0262

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_